

X6A Workbench Registration Form

Name (first) : _____ (last) : _____

Inst./Company : _____

Department : _____

Street Address : _____

City: _____ State/Prov: _____ Zip/Mail Code: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

PI Name (full): _____

Email: _____

Phone: _____

Check the type of registration and enter the total remittance enclosed bellow:

- Professional \$300.00
- Students/ Postdoc \$250.00

Please find enclosed a check US\$ _____ payable to the order of:
Brookhaven Science Associates

Please charge my credit card for US\$ _____

☐ Visa ☐ MasterCard ☐ Discover ☐ AmericanExpress

Credit Card # _____

Expiration Date: _____ Name on Card: _____

Signature: _____

Can your registration be used for unallowables (food etc.,) ☐ Yes ☐ No

NOTE: Complete the above form. If you are paying by check, please send the entire form to:
Ms. Corinne Messana, 725D, NSLS, Brookhaven National Laboratory, Upton, NY 11973.
If you are paying by credit card, please complete the form and fax it to: 6313443238 (Attn: Ms. Corinne Messana)